

FIG. 1

Figure 1 consists of four panels labeled (a) through (d). Panel (a) is a line graph showing the growth rate of real GDP for 10 Asian countries from 1990 to 1998. The y-axis represents the growth rate in percentage, ranging from -10 to 10. The x-axis represents the year. All 10 countries show a significant decline in growth rate in 1997, with some reaching negative values. Panel (b) is a line graph showing the growth rate of real GDP for the 5 countries that experienced a decline in growth rate in 1997. The y-axis ranges from -10 to 10. The x-axis represents the year. These countries show a sharp decline in growth rate in 1997, with some reaching negative values. Panel (c) is a line graph showing the growth rate of real GDP for the 5 countries that experienced an increase in growth rate in 1997. The y-axis ranges from -10 to 10. The x-axis represents the year. These countries show a sharp increase in growth rate in 1997, with some reaching values above 10. Panel (d) is a bar chart showing the distribution of growth rates in 1997 for the 10 countries. The x-axis represents the growth rate in percentage, ranging from -10 to 10. The y-axis represents the number of countries. There are 5 bars for negative growth rates and 5 bars for positive growth rates, showing a clear split in the distribution.

Audi5		
File Company Employee		
Current Company:	APOGEE INC.	Employee:
HINT: Select a Company or add a new one, Then Press the NEXT Button.		
Company	Employees	History
Test		
Results		
Reports		
Select a Company: Apogee, Inc.		
Company	APOGEE INC.	
Address 1	313 NARROWS TRACE	
Address 2	SUITE #100	
City	BEAVERCREEK	State OH Zip 45385
Additional Information		
Do NOT Use Age Correction Factors <input checked="" type="checkbox"/>		
Contacts		
	Primary	Emergency
Name		Name
└ First	Dimitri	└ First
└ Last	Preonas	└ Last
Phone	937-320-1530	Phone
		937-320-1535
Add A New Company		
NEXT		

FIG. 3

Audi5 [Icons]

File Company Employee

Current Company: APOGEE INC. **Employee:** STEPHENSON, STEPHEN

HINT: Select an Employee or add a new one, Then Press the NEXT Button.

Company	Employees	History	Test	Results	Reports
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Select an Employee:

SMITH, MARGIE
 SMITH, VICTORIA
 SNEEDEN, DOUGLAS
 SPANORIGAS, NICHOLAS
 SPEARS, RICHARD
 STEFANOPOULOS, TASIA
 Stephenson, Carlie
STEPHENSON, STEPHEN L.
 STEWART, CHARLENE
 STOOKEY, ALLEN
 STORMER, DAVID
 STOVER, ALICE
 STOVER, ALICE
 STROLE, SANDRA
 TACKETT, GLOTTA
 TAULBEE, ELIZABETH
 THIRKIELD, DAVID
 THOMAS, LINDA
 THOMPSON, BRANDI

View All

View Test History

Employee Information:

Last Name: STEPHENSON
 First Name: STEPHEN L.
 Sex: ☒ Male ☐ Female
 SSN: 123-45-6789
 DOB: 1/1/46
 DOE: 12/24/76
 Last Hearing Test: 7/12/00
 TWA: 85
 Shift: 1
 Department: ADMIN.
 Building: 1
 Plant: 1
 Clock Number: 123456789

Add New

Edit Current

NEXT

FIG. 4a

CONFIDENTIAL

File Company Employee

Current Company: APOGEE INC.
 Employee: STEPHENSON, STEPHEN

HINT: Fill in/change the answers/check boxes and press the NEXT button.

Company	Employees	History	Test	Results	Reports																																																																																											
History as of : 9/21/00 Old History:																																																																																																
	<table border="1"> <thead> <tr> <th></th> <th>R</th> <th>L</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Ringing in your ears</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Ear Operation</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Punctured Ear Drum</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Draining from your ears</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Earaches</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Exposed to noises such as...</td><td></td><td></td><td></td></tr> <tr><td>Snowmobiles</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Gunfire</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Motorcycles</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Rock Music</td><td><input type="checkbox"/></td><td></td><td></td></tr> <tr><td>Farm Equipment</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Other</td><td><input checked="" type="checkbox"/></td><td></td><td></td></tr> <tr><td>Explain. .</td><td colspan="3">POWER TOOLS</td></tr> </tbody> </table>		R	L	No	Ringing in your ears	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Punctured Ear Drum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Draining from your ears	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Earaches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exposed to noises such as...				Snowmobiles	<input checked="" type="checkbox"/>			Gunfire	<input checked="" type="checkbox"/>			Motorcycles	<input checked="" type="checkbox"/>			Rock Music	<input type="checkbox"/>			Farm Equipment	<input checked="" type="checkbox"/>			Other	<input checked="" type="checkbox"/>			Explain. .	POWER TOOLS			<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>Dizziness</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Head Injuries</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Family Hearing Loss</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Allergies/Hayfever</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Rx/OTC Meds</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Quiet Rule</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Upper Respiratory Inf/Sinus</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Training</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Trouble Hearing</td><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Military Service</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Exposed to gunfire or loud noises while in the service?</td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>				Yes	No	Dizziness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Head Injuries	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Family Hearing Loss	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Allergies/Hayfever	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rx/OTC Meds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Quiet Rule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upper Respiratory Inf/Sinus	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Trouble Hearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Military Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exposed to gunfire or loud noises while in the service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Military Service	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																														
Exposed to gunfire or loud noises while in the service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																														
			Air Force																																																																																													

FIG. 4b

Test History

Current Company: APOGEE INC.
 Employee: STEPHENSON, STEPHEN

Right Ear

500	1K	2K	3K	4K	6K	8K
15	10	10	15	25	15	15

Left Ear

500	1K	2K	3K	4K	6K	8K
15	10	10	25	45	20	15

Technician Chris Pavlakos
 Certification No. 514
 Audiometer S/N 6226

Audiological Comments:

Hearing Protection Device

Code	Name	Type
00	NO PROTECTION WOR	5





Baseline

Test Results:

Rating	2 - Slight	Hearing Protection Needed	No - Current is adequate
STS		Medical Referral	No
Hearing Loss	No Significant Change		

Test 4 of 9 on file.
 Test Date/Time: 2/14/95 5:00:00 PM
 Edit
Close

FIG. 5a

 **Audi5**   

File Company Employee

Current Company: **Employee:**

HINT:

Company	Employees	History	Test	Results	Reports
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Testing

Date: **Time:**

004721" E424E450

FIG. 5b

Audi5

File Company Employee

Current Company: APOGEE INC. **Employee:** STEPHENSON, STEPHEN

HINT: Press Start Test, then Fill in all Fields and press Next Calculate Results.

Company	Employees	History	Test	Results	Reports
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Testing

Clear Test

Date: 9/21/00
Time: 4:30:17 PM

Right Ear

500 1K 2K 3K 4K 6K 8K

☐ ☐ ☐ ☐ ☐ ☐ ☐

Left Ear

500 1K 2K 3K 4K 6K 8K

☐ ☐ ☐ ☐ ☐ ☐ ☐

Technician

Certification No.

Audiometer S/N

Audiological Comments:

Hearing Protection Device

Enter device data....

Code

Name

Type

Save / NEXT

CONFIDENTIAL

FIG. 5c

Audi5

File Company Employee

Current Company: APOGEE INC.
Employee: STEPHENSON, STEPHEN

HINT: Press Start Test, then Fill in all Fields and press Next Calculate Results.

Company Employees History **Test** Results Reports

Testing
Clear Test
Date: 9/21/00
Time: 4:30:17 PM

Right Ear

500	1K	2K	3K	4K	6K	8K
10	10	10	10	15	10	15

Left Ear

500	1K	2K	3K	4K	6K	8K
10	10	10	10	15	10	15

Audiological Comments:

Technician Chris Pavlakos

Certification No. 514

Audiometer S/N 6226

Hearing Protection Device
Enter device data....

Code 1
Name EAR
Type Foam Plugs

Save / NEXT

004727-042450

FIG. 6a

Audi5 File Company Employee

Current Company: **Employee:**

HINT:

Company	Employees	History	Test	Results	Reports
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Results

☐ **Save Results**

Rating:

STS:

Hearing Loss:

Hearing Protection Needed:

Medical Referral ?



NEXT

FIG. 6b

Audi5 File Company Employee

Current Company: **Employee:**

HINT:

Company	Employees	History	Test	Results	Reports
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Results

Rating

STS

Hearing Loss

Hearing Protection Needed

Medical Referral



NEXT

FIG. 7

Audi5

File Company Employee

Current Company: APOGEE INC. Employee: STEPHENSON, STEPHEN

HINT: Run a report. Then Click back on 'Next Employee' to continue.

Company	Employees	History	Test	Results	Reports
Reports					
Print to: <input checked="" type="radio"/> Screen <input type="radio"/> Printer		Report Dates: From: 9/21/00 To: 9/21/00			
Employee:		Current Employee Hearing Evaluation Report			
		All - Employee Hearing Evaluations			
Company:		Audiometric Summary Report			
		Audiometric Test Report			
		Audiometric Classification Report (Baseline)			
		Audiometric Classification Report (Annual)			
		Employee Hearing Protection Report			
				All Reports	
Next Employee				Exit	

CONFIDENTIAL